

# *Social Skills*

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## INTRODUCTION

The most striking aspect of the literature pertaining to social skills theory, training, and evaluation is the lack of a clear and generally accepted definition of social skills. Major conceptual and definitional differences exist between behavioristic and trait theorists and practitioners regarding the molecular versus molar focus of study and treatment (McFall, 1982). These differences bear directly on definitional matters and the psychological processes involved in social skills. Curran (1979a) indicated his inclination is to "limit the construct of social skill to motoric behavior" (p. 323), but admits to ambivalence regarding the inclusion of cognition as a factor in social skills. On the other hand, Trower (1979) suggested that social skill has perceptual, cognitive, and performance components. Likewise, McFall (1982) favored a multiprocess conception of social skills, suggesting a model consisting of decoding (perceptual), decision (cognitive), and encoding (performance) skills. The tendency toward including more processes and behaviors within the scope of social skills led Curran (1979a) to state,

If we do not restrain ourselves and put some limits on the construct of social skill, it will expand to include all human behavior, and social skills training will soon come to mean any process which is capable of producing changes in human behavior. (p. 323)

Distinctions have been made between social performance and social skills (McFall, 1982), the former being a "general evaluative term referring to the quality or adequacy of a person's overall performance in a particular task," whereas social skills refer to "the specific abilities required to perform competently at a task" (pp. 12, 13). In this context, social performance can be viewed as a molar evaluation of a person's overall behavior in a social situation, whereas skills can be seen as the constituent behaviors that contribute to the overall performance.

Bernstein (1981) discussed the difficulties that result from the lack of a consistent definition of social skills. Unfortunately, her solution, as is the case

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with a number of authors, is to coin yet another term, "interpersonal skills," that relates to the general area of social skills and to define it. Such an approach does little to clarify a situation already rife with terms and definitions. Because of the wide variety of psychological processes, behaviors, theories, and applications that relate directly or tangentially to contacts between people, we will attempt, in this chapter, to address the topic very broadly and will present reports of studies that are described by their authors as addressing the development of interpersonal behavior in mentally retarded people. In this chapter, no new definition or innovative terms will be proposed.

In general, social skills training is an area of applied behavior analysis that is noteworthy, in part, because of the wide range of populations identified as displaying deficiencies. Clinical and nonclinical applications of social skills training procedures have been employed with regard to schizophrenia (Bellack, Hersen, & Turner, 1976; Hersen & Bellack, 1976; Hersen, Eisler, & Miller, 1973; Shephard, 1986), social anxiety (Trower, 1986), depression (Libet & Lewinsohn, 1973; Williams, 1986), substance abuse (Monti, Abrams, Binckoff, & Zwick, 1986), alcoholism (Miller & Eisler, 1977), dating skills in college students (Hedquist & Weinhold, 1970), delinquency (Henderson & Hollin, 1986), criminal and antisocial behavior (Howells, 1986), and mental retardation (Matson & DiLorenzo, 1986).

Curran (1979a) commented that social skills training is a heterogeneous treatment approach that may vary in structure, content, theoretical orientation, and other dimensions. For our purposes, social skills training refers to a broad category of applied behavior analysis and intervention techniques. They are applied to assist clients acquire responses, which when displayed during interpersonal interactions, will be deemed appropriate for the situation.

The issue of social behavior is central for mentally retarded people. The current definition of mental retardation requires that a person display impairments in adaptive behavior concurrent with significantly subaverage intelligence (Grossman, 1983). Adaptive behavior scales typically contain items or dimensions that measure social functioning (Meyers, Nihira, & Zetlin, 1979). Studies of the factor structure of adaptive behavior scales have yielded dimensions of positive behavior that have been described as social. Lambert and Nicoll (1976) identified "social responsibility" as a dimension of adaptive behavior using the American Association on Mental Deficiency (AAMD) Adaptive Behavior Scale (ABS)—Public School Version. Factor analysis of Part 1 of the ABS by Nihira (1976) yielded a Personal-Social Responsibility factor.

The social skills training approaches that are covered in this chapter are limited to response acquisition programs. Programs designed to decrease or eliminate maladaptive behaviors are not included. Consideration is also limited to social behavior as distinct from other adaptive behavior domains, such as work or leisure, that are affected by social performance. Further, programs designed to develop more basic self-help skills, such as dining and toileting, are not included, although deficiencies in these areas are likely to elicit strong social responses from other people.

The material that follows is organized to highlight evaluation and train-